

☒ Check if this is an amended filing

Debtor 1

Kathryn Tripptree

First Name

Middle Name

Last Name

Case number (if known) 23-11116

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 10,119.74

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$ 0.00

**Fill in this information to identify your case:**

Debtor 1 Kathryn L Tripptree  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing)   
First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 23-11116  
 (If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

# Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☒ Employed  
☐ Not employed

#### Occupation

Training Specialist

#### Employer's name

Kumon

#### Employer's address

301 Route 17 N.  
Number Street

Rutherford, NJ 07070  
City State ZIP Code

How long employed there? 14 years

#### Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

HNH Hospital Corp

399 Thornall Street  
Number Street

Edison, NJ 08837  
City State ZIP Code

18 years

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,168.74

\$ 3,951.00

3. **Estimate and list monthly overtime pay.**

3. + \$ 0.00

+ \$ 0.00

4. **Calculate gross income.** Add line 2 + line 3.

4. \$ 6,168.74

\$ 3,951.00

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→ 4.	\$ 6,168.74	\$ 3,951.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,357.88	\$ 489.99	
5b. Mandatory contributions for retirement plans	5b. \$ 369.96	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 825.64	\$ 0.00	
5e. Insurance	5e. \$ 133.54	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: HSA, Miscellaneous	5h. + \$ 115.38	+ \$ 1,000.00	
Other Insurance	\$ 80.56	\$	
	\$	\$	
	\$	\$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6. \$ 2,882.96	\$ 1,489.99	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,285.78	\$ 2,461.01	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$ 0.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,285.78	+ \$ 2,461.01 = \$ 5,746.79	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:			11. + \$
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies			12. \$ 5,746.79 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			



Debtor 1 Kathryn L Tripptree  
First Name Middle Name Last Name

Case number (if known) 23-11116

	Your expenses
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ 0.00
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ 300.00
6b. Water, sewer, garbage collection	6b. \$ 40.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 560.00
6d. Other. Specify: _____	6d. \$ 0.00
7. <b>Food and housekeeping supplies</b>	7. \$ 675.00
8. <b>Childcare and children's education costs</b>	8. \$ 0.00
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ 110.00
10. <b>Personal care products and services</b>	10. \$ 65.00
11. <b>Medical and dental expenses</b>	11. \$ 0.00
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 160.00
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ 100.00
14. <b>Charitable contributions and religious donations</b>	14. \$ 0.00
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 337.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ 499.00
17b. Car payments for Vehicle 2	17b. \$ 469.00
17c. Other. Specify: _____	17c. \$ 0.00
17d. Other. Specify: _____	17d. \$ 0.00
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ 0.00
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ 0.00
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

Debtor 1 Kathryn L. Tripptree  
First Name Middle Name Last Name

Case number (if known) 23-11116

21. **Other.** Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. **+\$** 0.00  
**+\$** \_\_\_\_\_  
**+\$** \_\_\_\_\_

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 5,342.36

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ \_\_\_\_\_

22c. \$ 5,342.36

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 5,746.79

23b. Copy your monthly expenses from line 22c above.

23b. **−** \$ 5,342.36

23c. Subtract your monthly expenses from your monthly income.  
 The result is your *monthly net income*.

23c. \$ 404.43

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 Kathryn L Triptree  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) \_\_\_\_\_  
First Name Middle Name Last Name

United States Bankruptcy Court for the District of New Jersey

Case number 23-11116  
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Kathryn L Triptree

Signature of Debtor 1

**X**

Signature of Debtor 2

Date 01/22/2024  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY